



APPLICATION FOR LEAVE OF ABSENCE

Student No.	Last Name	First Name	Middle Name	Course & Year
20-1-01579	PARAGUE	JERIC	SELWOTE	BS MET-2

September 06, 2022
Date

Dean, College of _____
Visayas State University
Visca, Baybay City, Leyte

Sir / Madam:

I would like to apply for leave of absence effective 1st semester until the end of 2nd semester of A.Y. 2021-2022 for the following reason(s) due to financial instability, upcoming eye operation of my mother, and work for the mean time to sustain the needs of the family.


Signature of Student

For currently enrolled students only:

For a leave of absence to be availed of during the 2nd half of the semester, professors concerned are required to indicate the class standing of the student whether "Passing" or "Failing" at the time of application for leave.

Subject	Class Standing	Inst./Prof. Signature

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Recommending Approval:

Approved:

Noted:


CHARLIE S. ANDAN
Department Head
Date: _____


Dr. JANNET C. BENCURE
College Dean
Date: _____

MANOLO B. LORETO JR.
Dean of Students